



For your application to be processed you must fulfill ALL of the following requirements:

ABL 571 Checklist:

- ___ 1. Completed application, signed, and dated.
- ___ 2. Submit fees.
- ___ 3. Complete the ABL-946 Consent and Waiver form of the application.
- ___ 4. **All principals** must attach a criminal records check (CRC), not more than 90 days old. If the principal has lived in SC for more than 2 years, obtain the CRC from SLED at www.sled.state.sc.us or SLED Headquarters, Criminal Records Department, 4400 Broad River Rd., P.O. Box 21398, Columbia, SC 29221. If the principal has lived in SC less than 2 years, obtain a statewide CRC from previous state of residency AND a CRC from SLED. If principal is not a SC resident, obtain a statewide CRC from current state of residency.
- ___ 5. Attach completed Verification of Lawful Presence in the United States (ABL-920) for each applicant and principal. Each principal, officer, owner, member, and/or partner **MUST** sign this form. If applicable, include his/her non-citizen alien registration number and attach a copy of all appropriate immigration documents.
- ___ 6. Must attach copy of TTB Producers and Blenders Basic Permit.
- ___ 7. Must have a Sales Tax Registration Number. Contact the License and Registration Section at (803) 896-1350.
- ___ 8. If applying as a corporation, please attach Articles of Incorporation.
- ___ 9. If applying as a LLC managed by managers, attach a copy of operating agreement.



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR OUT OF STATE
WINE SHIPPERS LICENSE**

ABL-571
(Rev. 10/28/14)
4310

Physical Address: SC Department of Revenue, ABL Section, 300A Outlet Pointe
Blvd, Columbia, SC 29210

Mail to: SC Department of Revenue, ABL Section, Columbia, SC 29214-0907

Telephone: (803) 898-5864 DOR Website: www.dor.sc.gov

File Number: _____

PLEASE PRINT OR TYPE ALL INFORMATION
Fee: \$600 Biennially
(Expires August 31st of even numbered years)

PLEASE PRINT OR TYPE ALL INFORMATION	
1. OWNER, PARTNERSHIP, OR CORPORATE CHARTER NAME 2. PHYSICAL LOCATION OF BUSINESS REQUIRED (NO P.O. BOX) <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">STREET</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> CITY COUNTY (REQUIRED) STATE ZIP </div>	6. TRADE NAME (DOING BUSINESS AS) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
3. MAILING ADDRESS (FOR ALL CORRESPONDENCE) <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">IN CARE OF</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">STREET</div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> CITY COUNTY STATE ZIP </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> 7. BUSINESS PHONE NUMBER DAYTIME PHONE NUMBER </div>
4. TYPE OF OWNERSHIP <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> SOLE PROPRIETOR (one owner) <input type="checkbox"/> PARTNERSHIP (two or more owners) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> LLC/LLP <input type="checkbox"/> SC CORPORATION DATE INC. _____ </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> FOREIGN CORPORATION <div style="text-align: right;">STATE INC. _____ DATE OF INC. _____</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <input type="checkbox"/> NON-PROFIT ORGANIZATION <div></div> </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> OTHER (EXPLAIN) _____ <div></div> </div>	8. FEDERAL IDENTIFICATION NUMBER AND/OR SOCIAL SECURITY NO. <small>"In compliance with the Federal Privacy Act of 1974, the disclosure of an individual's social security number on this form is mandatory*. SC regulation 117-201 provides that any person required to make a return, statement or document to the Department must include identifying numbers on such return, statement or document if the Department requests such information. Social security numbers are primarily used for the purposes of identifying taxpayers and monitoring tax compliance and/or fraud."</small>
5. EMAIL ADDRESS <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	9. LOCATION OF RECORD (NO P.O. BOX) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	10. RETAIL SALES TAX LICENSE # <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	11. <small>If the corporation is publicly traded, you must designate an officer or other person to hold the license. This person must be of good moral character, over the age 21, and a SC resident. This person should be included on the Consent and Waiver along with other principals of the corporation.</small> Name of designated officer or other employee: <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>

DESIGNATED AGENT

You must **designate a person to receive all notices** from the Department of Revenue concerning your permit/license. These notices will be sent to the person at the **mailing address shown in question 3**. It is your responsibility to keep the department advised of any change regarding this person or your mailing address as the law will presume you received all notices sent to the address you have given us.

Name of Designated Agent: _____

SECTION 61-4-747

- (A) Notwithstanding any other provision of law, rule, or regulation to the contrary, a manufacturer of wine located within this State or outside this State that holds a wine producer and blenders basic permit issued in accordance with the Federal Alcohol Administration Act and obtains an out-of state shipper's license, as provided in this section, may ship up to twenty-four bottles of wine each month directly to a resident of this State who is at least twenty-one years of age for such resident's personal use and not for resale.
- (B) Before sending a shipment to a resident of this State, an out-of state shipper first shall:
- (1) File an application with the Department of Revenue;
 - (2) Pay a biennial license fee of six hundred dollars;
 - (3) Provide to the department a true copy of its current wine producer and blenders basic permit issued in accordance with the Federal Alcohol Administration Act; and
 - (4) Obtain from the department an out-of state shipper's license.
- (C) Each out-of-state shipper licensee shall:
- (1) Not ship more than twenty-four bottles of wine each month to a person;
 - (2) Ensure that all containers of wine shipped directly to a resident in this State are labeled conspicuously with the words 'CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY';
 - (3) Report to the department annually, by January twentieth of each year, the total amount of wine shipped into the State the preceding year;
 - (4) Annually, by January twentieth of each year, pay to the department all sales taxes and excise taxes due on sales to residents of this State in the preceding calendar year, the amount of the taxes to be calculated as if the sale were in this State at the location where delivery is made;
 - (5) Permit the department to perform an audit of the out-of-state shipper's records upon request; and
 - (6) Be deemed to have consented to the jurisdiction of the department or another state agency and the courts of this State concerning enforcement of this section and any related laws.
- (D) The out-of-state shipper on August thirty-first of each applicable year must renew its license with the department by paying a renewal fee of six hundred dollars and providing the department a true copy of its current alcoholic beverage license issued in another state.
- (E) The department may promulgate regulations to effectuate the purposes of this section.
- (F) The department shall enforce the requirements of this section by administrative proceedings to suspend or revoke an out-of-state shipper's license if the licensee fails to comply with the requirements of this section, and the department may accept payment of an offer in compromise instead of suspension.
- (G) (1) A shipment of wine from out-of-state direct to consumers in the State from persons who do not possess a current out-of-state shipper's license is prohibited. A person who knowingly makes, participates in, transports, imports, or receives such a shipment from out-of-state is guilty of a misdemeanor and, upon conviction, must be fined one hundred dollars. A shipment of wine which violates any provision of this item is contraband.
- (2) Without limitation on any punishment or remedy, criminal or civil, a person who knowingly makes, participates in, transports, imports, or receives a shipment as provided in item (1) of this subsection from out-of-state commits an unfair trade practice.

APPLICANT SIGNATURE (OWNER, PARTNER OR CORPORATE OFFICER)



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
APPLICANT AND PRINCIPAL CONSENT AND WAIVER

ABL-946
(Rev. 1/28/14)
4407

SC Code Ann. Section 61-2-160 prohibits the issuance of any permit or license under Title 61 unless the South Carolina Department of Revenue determines that the applicant does not owe the State of South Carolina any delinquent taxes, penalties, or interest. If an application is made for a license or permit by a person other than an individual, all principals of such applicant are deemed to be the applicant. S.C. Code Ann. Section 61-2-100(C).

For purposes of processing this application or any renewals of permits or licenses issued under Title 61, the undersigned applicant or principal authorizes the Department of Revenue to release to any party, person or entity, information concerning the applicant's or principal's South Carolina taxes. The information that may be released includes, but is not limited to, information relating to delinquent taxes, penalties and interest, outstanding liabilities, or information concerning failure to file returns. For purposes of processing this application and any renewals, the applicant or principal waives the provisions of Sections 12-54-240 and 30-2-10, et seq.

Further, the applicant or principal authorizes S.C. Law Enforcement Division (SLED) to check, examine and release to the Department of Revenue the criminal history record of the applicant or principal and further authorizes the Department of Revenue to share that information with other principals or applicants for purposes of processing the application or any renewal.

This Consent and Waiver shall be effective as of the date set forth below and shall remain in effect until revoked in writing by the applicant or a principal signing this Consent and Waiver or until the applicable permit or license is terminated or revoked. Notwithstanding any other provisions, the Department of Revenue can require a new Consent and Waiver any time it deems necessary.

SOCIAL SECURITY DISCLOSURE

In compliance with the Federal Privacy Act of 1974, the disclosure of an individual's social security number on this form is mandatory. SC regulation 117-201 provides that any person required to make a return, statement or document to the Department must include identifying numbers on such return, statement or document if the Department requests such information. Social security numbers are primarily used for the purposes of identifying taxpayers and monitoring tax compliance and/or fraud.

1 - 12 is a list of principal types. Each principal type must complete and sign a box below.

Principal Types:

1. The owner (if sole proprietorship);
2. All officers of the business or entity which owns the business;
3. All partners (limited partners that cannot exercise management control need not sign);
4. All persons who own twenty-five percent (25%) or more of the value of the business entity;
5. All persons who own twenty-five percent (25%) or more of the combined voting power of the business or entity;
6. A manager of a limited liability company which is managed by managers;
7. A member of the limited liability company which is not managed by managers;
8. Any fiduciary who manages, controls title, or is otherwise in control of the business;
9. All employees who will have day-to-day operational management responsibility for the business or entity; and,
10. If a publicly traded corporation, the designated license holder (designated agent) (must be over 21 and a resident of S.C.).
11. All other principals must be listed also. If not a publicly traded corporation, list all stockholders.
12. If a nonprofit organization, list all officers and directors of the organization.

*** CONTINUED ON THE NEXT PAGE. ALL PAGES MUST BE INCLUDED TO BE VALID.***

****ALL PRINCIPALS MUST SIGN IN THE PRESENCE OF A NOTARY****

*****IF A REQUIRED PRINCIPAL DOES NOT SIGN, THIS APPLICATION WILL BE DENIED*****

Additional Space on Back.

File
Number: _____

Name of Sole Proprietorship, Corporation, Partnership, LLC, etc. FEI/SSN

Name _____

Home Address _____

City _____ State _____ Zip _____

Yr/Mo/Date of SC Residency _____ Date of Birth _____

Social Security No. _____ Federal Employer Identification No. _____

Principal/Type: (use above #1-12) _____ Percent of ownership _____

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?

_____ Yes _____ No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?

_____ Yes _____ No **If yes, attach explanation.**

SWORN to and subscribed before me this

_____ day of _____, year of _____

Notary Public for _____

My Commission Expires: _____

Notary (L.S.) _____

Notary (printed name) _____

This Consent and Waiver shall be effective as of the date set forth on the attached pages until revoked in writing by the ABL-946R completed by the applicant or a principal signing this Consent and Waiver, or until the applicable permit or license is terminated or revoked.

Taxpayer's Signature

Name _____

Home Address _____

City _____ State _____ Zip _____

Yr/Mo/Date of SC Residency _____ Date of Birth _____

Social Security No. _____ Federal Employer Identification No. _____

Principal/Type: (use above #1-12) _____ Percent of ownership _____

Have you as an individual, or as an organization in which you were a principal, had revoked or suspended in this state or any other state any license to sell beer, wine, or alcoholic liquors?

_____ Yes _____ No **If yes, attach explanation.**

Have you been convicted of a crime in South Carolina or any other state?

_____ Yes _____ No **If yes, attach explanation.**

SWORN to and subscribed before me this

_____ day of _____, year of _____

Notary Public for _____

My Commission Expires: _____

Notary (L.S.) _____

Notary (printed name) _____

This Consent and Waiver shall be effective as of the date set forth on the attached pages until revoked in writing by the ABL-946R completed by the applicant or a principal signing this Consent and Waiver, or until the applicable permit or license is terminated or revoked.

Taxpayer's Signature



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**VERIFICATION OF LAWFUL PRESENCE IN THE
UNITED STATES -- APPLICANT AND PRINCIPALS**

ABL-920
(Rev. 5/13/13)
4382

STATE OF _____)
COUNTY OF _____)

FOR INTERNAL USE ONLY

Case Verification Number _____
Result _____

Pursuant to the provisions of S.C. Code Ann. Section 8-29-10, et seq. of the South Carolina Illegal Immigration Reform Act and Title 61 of South Carolina Code Ann. Sections, every principal that is an individual must submit the following information:

The undersigned _____ of _____,
(Print clearly First, Middle and Last name) (Home Address)

_____ being first duly sworn deposes and states as follows:
(City, State and Zip Code)

Name Change/ Alias: ☐ Yes ☐ No If yes, please list: _____

Check ONLY One Box: See reverse side for Instructions, Definitions, and Accepted Documents.

- ☐ I am a **United States Citizen** eighteen years of age or older.
- ☐ I am a **Legal Permanent Resident** eighteen years of age or older.
- ☐ I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44, eighteen years of age or older, and lawfully present in the United States.
- ☐ I am a **Foreign Citizen**, and resident of _____
(Country of Residency)
and reside at _____,
(Street Address) (City, State, and Zip Code)
- ☐ Other (**Explain**): _____

Date of Birth

Alien Registration Number

(MUST ATTACH COPY OF IMMIGRATION DOCUMENTS)

I UNDERSTAND AND ACKNOWLEDGE that any person who fails to execute this Affidavit will automatically be denied the license to which it applies; and further, that the representations made in this Affidavit shall apply throughout any license(s) or renewals issued; and further, that I shall have an affirmative duty to immediately advise the Department of Revenue in any change of my immigration or citizenship status. I, hereby, also understand and acknowledge that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit executed pursuant to *South Carolina Code Section 8-29-10* entitled *Verification of Lawful Presence* shall in addition to other sanctions imposed by this state or the United States, be guilty of a felony and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

Under penalty of perjury and recognizing that I am subject to the criminal and civil penalties imposed by Title 12, of the South Carolina Code of Laws, I declare that I have examined this Affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Affiant

SWORN to and subscribed before me this

_____ day of _____, year of _____

Notary Public for _____

My Commission Expires: _____

Notary (L.S.) _____

Notary (printed name) _____

REQUIRED: Fill out completely.

License Number: _____

Business Name: _____

Contact Person: _____
(Name)

Contact Person Phone Number: (____) _____

Check box 1 –

If you are a **US Citizen** by birth or naturalization.

Check box 2 –

If you are a **legal permanent resident** and you are not a US citizen, but are residing in the US under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Check box 3 –

If you are a **qualified alien**. You are a qualified alien if you are:

- an alien who is lawfully admitted for permanent residence under the INA;
- an alien who is granted asylum under Section 208 of the INA;
- a refugee who is admitted to the United States under Section 207 of the INA;
- an alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year;
- an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3);
- an alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- an alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980;
- an alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Check box 4 –

If you are a non immigrant and you are an alien who seeks temporary entry to the US for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the US, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancé(e)s of US citizens, intracompany transferees, NATO officials, religious workers, and some others. Most nonimmigrant can be accompanied or joined by spouses and unmarried minors (or dependent) children.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Accepted Immigration documents:

Unexpired Foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
Unexpired Temporary Resident Card (INS Form I-688)
Unexpired Employment Authorization Card (INS Form I-688)
Unexpired Reentry Permit (INS Form I-327)
Unexpired Refugee Travel Document (INS Form I-571)
Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)